



PRELIMINARY REPORT OF ATS INCIDENT

REPORT NUMBER

1. CLASSIFICATION <input type="checkbox"/> AIRPROX <input type="checkbox"/> PROCEDURAL <input type="checkbox"/> FACILITY	2. DATE OF INCIDENT: <hr/> 3. TIME OF INCIDENT:	4. ATS UNIT IN WHICH THE INCIDENT TOOK PLACE		
5. INCIDENT REPORTED BY <input type="checkbox"/> CONTROLLER <input type="checkbox"/> SUPERVISOR <input type="checkbox"/> PILOT	7. ALTITUDE OR FLIGHT LEVEL IN WHICH THE INCIDENT OCCURED <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>			
6. INCIDENT RECEIVED VIA <input type="checkbox"/> RADIO <input type="checkbox"/> TELEPHONE <input type="checkbox"/> AFTN <input type="checkbox"/> OTHERS				
1. LOCATION OF THE INCIDENT	IN AIR			
	FIX	DIRECTION	DISTANCE	CLOSEST DISTANCE
			HORIZONTAL	VERTICAL
	ON GROUND			
	RUNWAY:	TAXIWAY:	INTERSECTION:	
9. AIRCRAFT INFORMATION	AIRCRAFT NO. 1	AIRCRAFT NO. 2		
A. IDENTIFICATION				
B. TYPE OF AIRCRAFT				
C. PLACE OF DEPARTURE				
D. DESTINATION				
E. ATS ROUTE				
F. LEVEL FLIGHT	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
G. CLIMBING	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
H. DESCENDING	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
I. EVASIVE ACTION	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
J. TAKE-OFF ROLL	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
K. LANDING ROLL	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
L. UNDER RADAR SERVICE	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
M. RADAR VECTORED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
N. TRANSPONDER FUNCTIONING	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
O. MODE C FUNCTIONING	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
P. RECEIVED TCAS/ ACAS RA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
10. CONTROLLER INFORMATION A. NAME: _____ B. SECTOR/POSITION: _____ C. TIME OF TAKING OVER CHANNEL BEFORE THE INCIDENT: _____ D. NO OF AIRCRAFT CONTROLLER WAS HANDLING AT THE TIME OF INCIDENT: _____ E. WAS THE POSITION/SECTOR COMBINRD: <input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN) _____ F. WAS TRAINING IN PROGRESS: <input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN) _____				
11. WHETHER INCIDENT TOOK PLACE WITHIN SHORT TIME AFTER TAKING OVER CHANNEL: <input type="checkbox"/> NO <input type="checkbox"/> YES (EXPLAIN)				

12. WAS THERE A TRANSITION FROM RADAR TO PROCEDURAL OR VICE VERSA:

NO YES (EXPLAIN)

13. WHETHER CONFLICT ALERT WAS GENERATED BY THE SYSTEM:

NO YES (EXPLAIN)

14. WHETHER MSAW WAS GENERATED BY THE SYSTEM:

NO YES (EXPLAIN)

15. WHETHER EQUIPMENT/ NAV AIDS A FACTOR:

NO YES (EXPLAIN)

16. BRIEF DESCRIPTION OF THE INCIDENT

17. PERSON MAKING NOTIFICATION:

NAME:

POSITION:

SIGNATURE WITH DATE & TIME:

18. PERSON RECEIVING REPORT (WSO/ATS IN-CHARGE):

NAME:

POSITION:

SIGNATURE WITH DATE & TIME:

Report Number:

It should be written in a way that may help in keeping a track on number on ATC incident at a particular airport. The format should be: XXXX-YYY-00-01

XXXX is airport designator e.g. VABB, VIDP, etc

YYY is ATC unit e.g., TWR, ACC, APP, ACC, TAR, RSR, ADS, OCC, FIC etc.

00 is the last two digit of the year

01 is the incident number in sequence by year.